

November 4, 2011

Re: California Duals Demonstration Project

To Whom It May Concern:

As California moves forward with the effort to integrate care for dual eligibles it is critical that the state seek full public input. For HIV-positive Californians, it is essential to keep in mind the lessons learned from the recent experience implementing the Medi-Cal 1115 waiver. HIV-positive Californians, including those who are dual eligible, currently receive a highly integrated set of comprehensive services developed through Ryan White program funding and incorporating funding from different sources, including Medi-Cal and Medicare.

(http://www.healthhiv.org/modules/info/files/files_4c641c600c023.pdf;
http://www.hivma.org/uploadedFiles/HIVMA/Policy_and_Advocacy/Ryan_White_Medical_Providers_Coalition/Resources/Ryan-White_An-Unintentional-Home-Builder.pdf ;
<http://cid.oxfordjournals.org/content/early/2011/10/20/cid.cir689.full>)

The Ryan White system of care has begun the transition into the broader care systems in preparation for the coverage expansions developed under health care reform that will be implemented in 2014.

However, that process has only just begun and while many experienced HIV providers currently offer comprehensive integrated services, only one, AIDS Healthcare Foundation, has a Medi-Cal Primary Care Case Management designation and the benefits of that structure. Therefore, when considering the duals demonstration projects, it is important to recognize three things about the HIV system of care:

- The majority of the HIV-positive duals are currently receiving integrated and comprehensive services, many of which may be tailored to unique psycho-social and medical needs;
- If DHCS considers a HIV disease specific SNP as a Duals Integration demonstration project, passive enrollment is not appropriate as it will violate beneficiary choice and is unlikely to improve care coordination or health outcomes for the individual;
- HIV models of integrated care should be given opportunities and technical assistance to fully transition into Medi-Cal, Medicare and plans offered through the California Health Benefit Exchange in order to ensure continuity of quality HIV care and adequacy of experienced HIV care providers within the networks that will serve Californians post 2014.

Key questions:

Goals

We suggest that the financial models consider the integration of other funding sources where possible. The State must develop financial models that drive streamlined and coordinated care through shared savings, the elimination of cost shifting and where possible, optimization of other public payers such as the Ryan White program.

Financing

Whatever financing structure is decided on must be able to leverage and integrate additional funding sources.

Site Selection

We agree that the Request for Solutions process fosters more of the transparency and collaboration that will be necessary to the success of the demonstration projects. We urge that the criterion for an entity to have had a Medi-Cal service contract as of 2009 related to Medi-Cal fee for service as well as Medi-Cal managed care.

Potential Demonstration Participants

We are opposed to passive enrollment for people with HIV for the reasons mentioned above. Even with adequate opt-out options passive enrollment could easily lead to damaging disruptions in care. Given that mechanisms for enrollment are undecided, we cannot comment on a carve out for people with HIV. We believe that there are benefits for HIV positive duals in such a demonstration project but emphasize that continuity of care with current providers is critically important and we look forward to continued discussion about inclusion and exclusion in the demonstration projects.

Next Steps

We appreciate and support continued public feedback in an interactive and iterative manner.

Evaluating Success

We urge the Department to include HIV specific outcome measures and quality measures and indicators, as well as other chronic condition measures.

We also urge that the Department begin exploring how to better coordinate and share data between Ryan White, Medi-Cal and Medicare data sets to ensure that as we move toward full integration, we leverage all available data.

Thank you for your consideration,

Anne Donnelly
Director of Health Care Policy
Project Inform
415.640.6103
adonnelly@projectinform.org

Courtney Mulhern-Pearson
Director of State and Local Affairs
San Francisco AIDS Foundation
415.487.8008
cpearson@sfaa.org